SEC 1972 (6-02)



Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

05049923

OMB APPROVAL
OMB Number: 3235-

0076

Expires: May 31, 2005

Estimated average burden

hours per response.. . 1

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

1323137

PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

ξ –								
SEC USE ONLY								
Prefix		Serial						
DATE RECEIVED								

Name of Offering ([] check if this	is an amendment and name has changed, ar	nd indicate change.)
Filing Under (Check box(es) that apply):	t []Rule 504 []Rule 505 [X]Rule 506	[] Section 4(6) [] ULOE
Type of Filing: [X] New Filing	[] Amendment	
	A. BASIC IDENTIFICATION DATA	
Enter the information requester	ed about the issuer	PROCESSED
Name of Issuer: VeryFund, LLC		APR 0 7 2005
Address of Executive Offices: 10 Telephone Number: (408) 461-0	08 Ivy Glen Dr., San Jose, CA 95133 715	THUMSON FINANCIAL
Address of Principal Business O Telephone Number: Same as ab		
Brief Description of Business: Inv Type of Business Organization	vestment in real property and related notes an	d mortgages.
[] corporation	[] limited partnership, already formed	[X] other: LLC
[] business trust	[] limited partnership, to be formed	
	Month Year	
Actual or Estimated Date of Inco	orporation or Organization: [11/24/03]	[X] Actual [] Estimated
Jurisdiction of Incorporation or C	Organization: (Enter two-letter U.S. Postal Serv	vice abbreviation for State:

CN for Canada; FN for other foreign jurisdiction)

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[CA]

### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

## A. BASIC IDENTIFICATION DATA

| 2. Enter                                   | the info                                    | rmatio                                | n reques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| [AL]<br>[IL]<br>[MT]<br>[RI]               | [AK]<br>[IN]<br>[NE]<br>[SC]                | [AZ]<br>[IA]<br>[NV]<br>[SD]          | [AR]<br>[KS]<br>[NH]<br>[TN]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | [CA]<br>[KY]<br>[NJ]<br>[TX]                         | [CO]<br>[LA]<br>[NM]<br>[UT]                         | [CT]<br>[ME]<br>[NY]<br>[VT]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | [DE]<br>[MD]<br>[NC]<br>[VA]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | [DC]<br>[MA]<br>[ND]<br>[WA]          | [FL]<br>[MI]<br>[OH]<br>[WV]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                | [HI]<br>[MS<br>[OR<br>[WY           | ] [P.      | O]<br>A]                                    |

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| Type of Security                                                                                                                                                                                                                                                                                                                                                              | Aggregate<br>Offering Price | Amount Already<br>Sold                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------|
| Debt                                                                                                                                                                                                                                                                                                                                                                          | \$0                         | \$0                                                       |
| Equity                                                                                                                                                                                                                                                                                                                                                                        | \$0                         | \$0                                                       |
| [ ] Common [ ] Preferred                                                                                                                                                                                                                                                                                                                                                      |                             |                                                           |
| Convertible Securities (including warrants)                                                                                                                                                                                                                                                                                                                                   | \$0                         | \$0                                                       |
| Partnership Interests                                                                                                                                                                                                                                                                                                                                                         | \$0                         | \$0                                                       |
| Other (LLC Membership Interests).                                                                                                                                                                                                                                                                                                                                             | \$2,000,000                 | \$1,000,000                                               |
| Total                                                                                                                                                                                                                                                                                                                                                                         | \$2,000,000                 | \$1,000,000                                               |
| Answer also in Appendix, Column 3, if filing under ULOE.                                                                                                                                                                                                                                                                                                                      |                             |                                                           |
| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." |                             |                                                           |
| Accredited Investors                                                                                                                                                                                                                                                                                                                                                          | Number<br>Investors<br>11   | Aggregate<br>Dollar Amount<br>of Purchases<br>\$1,000,000 |
| Non-accredited Investors                                                                                                                                                                                                                                                                                                                                                      | 0                           | \$0                                                       |
| Total (for filings under Rule 504 only)                                                                                                                                                                                                                                                                                                                                       |                             | \$                                                        |
| Answer also in Appendix, Column 4, if filing under ULOE.                                                                                                                                                                                                                                                                                                                      |                             |                                                           |
| 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.                                                      | N/A                         |                                                           |
| Type of offering                                                                                                                                                                                                                                                                                                                                                              | Type of Security            | Dollar Amount<br>Sold                                     |
| Rule 505                                                                                                                                                                                                                                                                                                                                                                      |                             | _\$                                                       |
| Regulation A                                                                                                                                                                                                                                                                                                                                                                  |                             | _\$                                                       |
| Rule 504<br>Total                                                                                                                                                                                                                                                                                                                                                             |                             | _\$                                                       |
|                                                                                                                                                                                                                                                                                                                                                                               |                             | _\$                                                       |

Transfer Agent's Fees

[]\$0

| David Control Control                                                                                                                         |             |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Printing and Engraving Costs                                                                                                                  | []\$0       |
| Legal Fees                                                                                                                                    | [X]\$3,000  |
| Accounting Fees                                                                                                                               | [X]\$4,000  |
| Engineering Fees                                                                                                                              | []\$0       |
| Sales Commissions (specify finders' fees separately)                                                                                          | []\$0       |
| Other Expenses (identify)                                                                                                                     | [X]\$3,000  |
| Total                                                                                                                                         | [X]\$10,000 |
| b. Enter the difference between the aggregate offering price given in response to Part C -                                                    |             |
| Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." | \$1,990,000 |
| Indicate below the amount of the adjusted gross proceeds to the                                                                               |             |

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to

Part C - Question 4.b above.

| Salaries and fees Purchase of real estate                                                                                                                                                      | Payments to<br>Officers,<br>Directors, &<br>Affiliates<br>[X] \$60,000<br>[] \$0 | Payments To<br>Others<br>[X] \$30,000<br>[X] \$500,000           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------|
| Purchase, rental or leasing and installation of machinery and equipment                                                                                                                        | []\$0                                                                            | []\$0                                                            |
| Construction or leasing of plant buildings and facilities                                                                                                                                      | []\$0                                                                            | []\$0                                                            |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | []\$0                                                                            | []\$0                                                            |
| Repayment of indebtedness                                                                                                                                                                      | []\$0                                                                            | []\$0                                                            |
| Working capital                                                                                                                                                                                | [X] \$0                                                                          | [X] \$100,000                                                    |
| Other: Purchase of notes and mortgages, and other real property related investments: Finders of target investments: Column Totals                                                              | [X] \$0<br>[X] \$0<br>[X] \$60,000<br>[X] \$1                                    | [X] \$1,200,000<br>[X] \$100,000<br>[X] \$1,930,000<br>1,990,000 |

## D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

| Issuer:<br>VeryFund, LLC                                                                    | Signature Date 3. 16. 05                                           |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|--|--|--|--|--|
| Name of Signer:<br>Edwin Yeh                                                                | Title of Signer: CEO of Manager of the issuer, VeryTop Corporation |  |  |  |  |  |  |
|                                                                                             | ATTENTION                                                          |  |  |  |  |  |  |
| Intentional misstatements or omissions of fact constitute federal criminal violations. (See |                                                                    |  |  |  |  |  |  |

U.S.C. 1001.)

### **E. STATE SIGNATURE**

| 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification |  |  |  |  |  |
|----------------------------------------------------------------------------------------------|--|--|--|--|--|
| provisions of such rule?                                                                     |  |  |  |  |  |
| See Appendix, Column 5, for state response.                                                  |  |  |  |  |  |

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer:<br>VeryFund, LLC     | Signature                                                          | 3.16. of |
|------------------------------|--------------------------------------------------------------------|----------|
| Name of Signer:<br>Edwin Yeh | Title of Signer: CEO of Manager of the issuer, VeryTop Corporation | on       |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# **APPENDIX**

| 1        | 2                                         |                            |                                                                                  |                                                  |                                                                                                    |                    |                                                  |                                                  |    |
|----------|-------------------------------------------|----------------------------|----------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------|--------------------------------------------------|----|
|          | Intend to no accred investo Stat (Part B- | n-<br>lited<br>irs in<br>e | 3 Type of security and aggregate offering price offered in state (Part C-Item 1) | am                                               | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |                    |                                                  |                                                  |    |
|          | '/                                        |                            |                                                                                  |                                                  |                                                                                                    | Number of          |                                                  |                                                  |    |
|          |                                           |                            |                                                                                  | Number of<br>Accredited                          |                                                                                                    | Non-<br>Accredited |                                                  |                                                  |    |
| State    | Yes                                       | No                         |                                                                                  | Investors                                        | Amount                                                                                             | Investors          | Amount                                           | Yes                                              | No |
| AL       |                                           |                            |                                                                                  |                                                  |                                                                                                    |                    |                                                  |                                                  |    |
| AK       |                                           |                            |                                                                                  |                                                  |                                                                                                    |                    |                                                  |                                                  |    |
| AZ       |                                           |                            |                                                                                  |                                                  |                                                                                                    |                    |                                                  |                                                  |    |
| AR       |                                           |                            |                                                                                  |                                                  |                                                                                                    | <del></del>        |                                                  |                                                  |    |
| CA       |                                           | Х                          | LLC Membership Interests;<br>\$2,000,000                                         | 10                                               | \$1,975,000                                                                                        | 0                  | \$0                                              |                                                  | х  |
| CO       |                                           |                            |                                                                                  |                                                  |                                                                                                    |                    |                                                  |                                                  |    |
| СТ       |                                           |                            |                                                                                  |                                                  |                                                                                                    |                    |                                                  |                                                  |    |
| DE       |                                           |                            |                                                                                  | _                                                |                                                                                                    |                    |                                                  |                                                  |    |
| DC       |                                           |                            |                                                                                  |                                                  |                                                                                                    |                    |                                                  |                                                  |    |
| FL       |                                           | _                          |                                                                                  |                                                  |                                                                                                    |                    |                                                  |                                                  |    |
| GA       |                                           | L <u> </u>                 |                                                                                  |                                                  |                                                                                                    |                    |                                                  |                                                  |    |
| HI       |                                           |                            |                                                                                  |                                                  |                                                                                                    | ·                  |                                                  |                                                  |    |
| ID       |                                           |                            |                                                                                  |                                                  | _                                                                                                  |                    |                                                  |                                                  |    |
| IL       |                                           |                            |                                                                                  |                                                  |                                                                                                    |                    |                                                  |                                                  |    |
| IN<br>IA |                                           |                            |                                                                                  |                                                  |                                                                                                    |                    |                                                  |                                                  |    |
| KS       |                                           |                            |                                                                                  |                                                  |                                                                                                    |                    |                                                  |                                                  |    |
| KY       |                                           |                            |                                                                                  |                                                  |                                                                                                    |                    | -                                                |                                                  |    |
| LA       |                                           |                            |                                                                                  |                                                  |                                                                                                    |                    |                                                  |                                                  |    |
| ME       |                                           |                            |                                                                                  |                                                  |                                                                                                    |                    | <del> </del> -                                   | -                                                |    |
| MD       |                                           | <u> </u>                   |                                                                                  |                                                  |                                                                                                    |                    |                                                  |                                                  |    |
| MA       |                                           | х                          | LLC Membership Interests;<br>\$2,000,000                                         | 1                                                | \$25,000                                                                                           | 0                  | \$0                                              |                                                  | х  |
| MI       |                                           |                            | \$2,000,000                                                                      |                                                  |                                                                                                    |                    |                                                  |                                                  |    |
| MN       |                                           |                            |                                                                                  |                                                  |                                                                                                    |                    |                                                  |                                                  |    |
| MS       |                                           |                            |                                                                                  | <del> </del>                                     |                                                                                                    |                    | <del>                                     </del> |                                                  |    |
| МО       |                                           |                            |                                                                                  | <del>                                     </del> |                                                                                                    |                    | <del>                                     </del> | 1                                                |    |
| MT       |                                           |                            |                                                                                  |                                                  | 1                                                                                                  |                    |                                                  | <del>                                     </del> |    |
| NE       |                                           |                            |                                                                                  |                                                  |                                                                                                    |                    |                                                  |                                                  |    |
| NV       |                                           | <u> </u>                   | 1                                                                                |                                                  |                                                                                                    |                    |                                                  |                                                  |    |
| NH       |                                           |                            |                                                                                  |                                                  |                                                                                                    |                    |                                                  |                                                  |    |
| NJ       |                                           |                            |                                                                                  |                                                  |                                                                                                    |                    |                                                  |                                                  |    |
| NM       |                                           |                            |                                                                                  |                                                  |                                                                                                    |                    |                                                  |                                                  |    |
| NY       |                                           |                            |                                                                                  |                                                  |                                                                                                    |                    |                                                  |                                                  |    |
|          |                                           | 1                          |                                                                                  | 1                                                |                                                                                                    |                    |                                                  |                                                  | 1  |